Richard T. Salzmann
Fire Chief

James M. Brunner III
Captain

Kingston Fire Department

Building Safety Division 5 Garraghan Drive Kingston, NY 12401 Phone (845) 331-1217 Fax (845) 331-1224



COMPLAINT FORM

All complaints are to be written and signed on this form. Information within complainants box is confidential and NOT public information.

	REF:
Date:	Time Reported: By:
BLACKEN THIS BOX WHEN F	PROVIDING A PHOTOCOPY FOR OUTSIDE OFFICE USE!
Individual filing complaint:	Complainant's Signatures
	Complainant's Signature:
Address:	Phone:Phone:
Nature of complaint:	
Property Owner (possible violation	PROPERTY S/B/L:
Name:	Business Name:
Address:	Address:
City/State/Zip:	Ph: City/State/Zip: Ph:
Tenant Name:	Address: Ph: City/State/Zip: Ph: Phone:
Date of Inspection:	Date assigned: Classification of occupancy of building:
Building/Property was VACANT	or OCCUPIED at time of inspection.
Contacted other agency:	
CONDITIONS FOLDING	
CONDITIONS FOUND:	
RECOMMENDATIONS:	
Follow up date:	Signature of Inspector: